

ICMJE DISCLOSURE FORM

Date: _____ January 12, 2024 _____

Your Name: _____ Yi-Wei Shen _____

Manuscript Title: The association of cervical sagittal alignment with anterior bone loss following single-level anterior cervical surgery _____

Manuscript number (if known): _____ QIMS-23-1338-R1 _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

No conflicts of interest.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: _____ January 12, 2024 _____
 Your Name: _____ Ting-Kui Wu _____
 Manuscript Title: _____ The association of cervical sagittal alignment with anterior bone loss following single-level anterior cervical surgery _____
 Manuscript number (if known): _____ QIMS-23-1338-R1 _____

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ICMJE DISCLOSURE FORM

Date: _____ January 12, 2024 _____

Your Name: _____ Yi Yang _____

Manuscript Title: _____ The association of cervical sagittal alignment with anterior bone loss following single-level anterior cervical surgery _____

Manuscript number (if known): _____ QIMS-23-1338-R1 _____

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ICMJE DISCLOSURE FORM

Date: _____ January 12, 2024 _____

Your Name: _____ Bei-Yu Wang _____

Manuscript Title: __ The association of cervical sagittal alignment with anterior bone loss following single-level anterior cervical surgery _____

Manuscript number (if known): _____ QIMS-23-1338-R1 _____

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ICMJE DISCLOSURE FORM

Date: _____ January 12, 2024 _____
 Your Name: _____ Chen Ding _____
 Manuscript Title: _____ The association of cervical sagittal alignment with anterior bone loss following single-level anterior cervical surgery _____
 Manuscript number (if known): _____ QIMS-23-1338-R1 _____

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Date: _____ January 12, 2024 _____

Your Name: _____ Li-Tai Ma _____

Manuscript Title: _____ The association of cervical sagittal alignment with anterior bone loss following single-level anterior cervical surgery _____

Manuscript number (if known): _____ QIMS-23-1338-R1 _____

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Date: _____ January 12, 2024 _____
 Your Name: _____ Yang Meng _____
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Date: _____ January 12, 2024 _____
 Your Name: _____ Xin Rong _____
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Date: _____ January 12, 2024 _____

Your Name: _____ Hao Liu _____

Manuscript Title: _____ The association of cervical sagittal alignment with anterior bone loss following single-level anterior cervical surgery _____

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